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EXAMINER

BUI, KIM T

ART UNIT PAPER NUMBER

3626

DATE MAILED: 08/02/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

| | | | |
|------------------------------|--------------------------------------|---|--|
| Office Action Summary | Application No. 09/804,412 | Applicant(s) LEVIT, DONALD N. | |
| | Examiner Kim T. Bui | Art Unit 3626 | |

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 12 March 2001.
- 2a) ☐ This action is FINAL. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-18 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-18 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date <u>06/05/2001</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Claim Rejections - 35 USC § 101

1. 35 U.S.C. 101 reads as follows:

Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

2. Claims 1-9, 16-18 are rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

The basis of this rejection is set forth in a two-prong test of:

- (1) whether the invention is within the technological arts; and
- (2) whether the invention produces a useful, concrete, and tangible result.

For a claimed invention to be statutory, the claimed invention must be within the technological arts. Mere ideas in the abstract (i.e., abstract idea, law of nature, natural phenomena) that do not apply, involve, use, or advance the technological arts fail to promote the "progress of science and the useful arts" (i.e., the physical sciences as opposed to social sciences, for example) and therefore are found to be non-statutory subject matter. For a process claim to pass muster, the recited process must somehow apply, involve, use, or advance the technological arts in a nontrivial manner.

(A) In the present case, dependent claims 1, 9, 16, do not apply, involve, use, or advance the technological arts. The claims only constitute an idea of how to pay a health benefit from investment account and reserve fund comprising the steps for accepting payment, allocating premium, processing claim for payment, paying the health benefit based on the processed claim, and printing check,

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therefore, do not represent a practical application of the idea to advance the technology art. These steps do not apply, involve, use, or advance the technological arts since they can be performed in the mind of the user or by use of a pencil and paper. These steps only constitute an idea of how to manage health insurance benefits for policy owners.

As per "the signal in communication with computer processor" recited in claim 16, the limitation does not further limit a structural element in a apparatus claim. As such, claim 16 fails to recite the claimed invention within a technological art for the same reasons given above.

(B) Dependent claims 2-8, 17-18 further define the multiple medical factor and the processing of the claim, and do not add a practical application of the idea to advance the technological art.

In addition, for a claimed invention to be statutory, it must produce a useful, concrete, and tangible result. In the present case, the claimed invention produces a method for managing health care insurance benefits (i.e., repeatable) used in providing payment for services (i.e., useful and tangible).

Although the recited process produces a useful, concrete, and tangible result, since the claimed invention, as a whole, is not within the technological arts as explained above, claims 1-9, 16-18 are deemed to be directed to non-statutory subject matter.

Claim Rejections - 35 USC § 112

3. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

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4. claims 5-18 are rejected under 35 U.S.C. 112. second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

(A) As per claim 5, " the total amount.....and the pool " on line 21 lacks proper antecedent basis;

(B) As per claims 6, "the estimated average balance" on line 12 and " the future year" on line 14 lack clear antecedent basis;

(C) As per claim 8, "the extend" on line 6 lacks clear antecedent basis;

(D) As per claim 9, "the individual investment account", "the general reserve account" and "the processed claim" on lines 3-5 lack antecedent basis;

(E) As per claim 10, "the extend" on line 21 lacks clear antecedent basis;

(F) As per claims 13, and 16, "the extent" on line 22 lacks clear antecedent basis;

(G) Dependent claims 7, 11, 12, 14-15, 17-18 incorporate the deficiencies of the claims they depend on and are therefore rejected.

5. The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 5-7, 11-12, 14-15, 17-18 are rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the written description requirement. The claim(s) contains subject matter which was not described in the specification in

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such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention. The specification as provided, in general, fails to adequately described how the steps of the claims 5-7, 11-12, 14-15, 17-18. The specification as provided recited the performed steps, but fails to adequately describe how the performed steps are carried out. In particular, the specification fails to describe the operations based on the previous years and the future years.

Claim Rejections - 35 USC § 102

6. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

7. Claims 1-4,9 are rejected under 35 U.S.C. 102(b) as being anticipated by “Insurance and Financial Services” dated April 26, 1999.

(A) As per claim 1, “Insurance and Financial Services” dated April 26, 1999, discloses a method for managing health insurance benefits for policy owners, the method comprising:

- a. accepting payment of a premium amount from the policy owners (i.e. Joe paid \$400.00 per month for his family). See “Insurance and Financial Services” dated April 26, 1999, page 1, paragraphs 4-5.
- b. allocating the premium amounts between an individual investment account at least partially own by the policy owner (i.e. Joe’s own investment account),

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and a general reserve fund (i.e., the company reserve). See "Insurance and Financial Services" dated April 26, 1999, paragraph 5 on page 1.

(B) As per claim 2, "Insurance and Financial Services" dated April 26, 1999, teaches medical claim in the amount of \$50,000.00 on page 1, paragraph 6, line 2.

(C) As per claim 3, "Insurance and Financial Services" dated April 26, 1999, teaches the medical multiple factor 10 on page 1, paragraph 6, line 2.

(D) As per claim 4, "Insurance and Financial Services" dated April 26, 1999, teaches that the processed medical claim is paid from both the company reserve account and the investment account. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 6, and page 2, paragraph 1.

(E) As per claim 9, "Insurance and Financial Services" dated April 26, 1999, discloses a method for managing health insurance benefits for policy owners, comprising the step for paying a health benefits from the individual investment account (i.e., Joe's own investment account) and the general reserve account (i.e., the company's reserve) based on a processed claim of \$50,000. See "Insurance and Financial Services" dated April 26, 1999, page 1, paragraphs 5-6 and page 2, paragraph 1.

Claim Rejections - 35 USC § 103

8. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which

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said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

9. Claim 8 is rejected under 35 U.S.C. 103(a) as being unpatentable over "Insurance and Financial Services" dated April 26, 1999 in view of Kenna (610641).

(A) As per claim 8, "Insurance and Financial Services" dated April 26, 1999 teaches the processing of medical claim to pay a medical bill of \$50,000.00 using the medical multiple factor on page 1, paragraph 6, page 2, paragraph 1, but fails to disclose the time waiting period. It is, however, within a level of an ordinary skill in the art to set restriction for claim processing. In addition, it is known to use time restriction (i.e., time waiting period) as a determination factor for the eligibility of claim payment, as evidenced by Kenna. Kenna teaches the various criteria for processing medical claims including a waiting period of one year prior to being eligible to use the funds for claim payment in a physical examination. Kenna col. 15, lines 24-27.

It would have been obvious to one having ordinary skill in the art at the time of the invention to include time waiting period for authorizing the claim's payment with the motivations of conforming to standard practice and reducing aggregate cost of health care expenditures. Kenna, col. 2, lines 51-53.

10. Claims 10, 13, 16 are rejected under 35 U.S.C. 103(a) as being unpatentable over "Insurance and Financial Services" dated April 26, 1999 in view of Kenna (610641, and Deavers (6044352).

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(A) As per claim 10, "Insurance and Financial Services" dated April 26, 1999 teaches a system for managing health insurance benefits comprising the instructions to:

- a. record a choice (i.e., flexible amount and voluntary contribution), for example, \$400.00 dollars of the health insurance premium amount. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraphs 4,5.
- b. enter an amount of the premium, for example, \$400.00 dollars. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 5.
- c. allocate the premium between an individual owned investment account and reserve fund. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 5.
- d. post a medical claim caused by a medical event. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 6, page 2, paragraph 1.
- e. process the claim for payment for use of the reserve fund by medical multiple factor. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 4, lines 7-10, paragraph 6, page 2, paragraph 1.

"Insurance and Financial Services" dated April 26, 1999 fails to disclose the time waiting period. It is, however, within a level of an ordinary skill in the art to set restriction for claim processing. In addition, it is known to use time restriction (i.e., time waiting period) as a determination factor for the eligibility of claim payment, as evidenced by Kenna. Kenna teaches the various criteria for processing medical claims including a waiting period of one year prior to being

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eligible to use the funds for claim payment in a physical examination. Kenna col. 15, lines 24-27.

It would have been obvious to one having ordinary skill in the art at the time of the invention to include a time waiting period before authorizing claim payment with the motivations of conforming to standard practice and reducing aggregate cost of health care expenditures. Kenna, col. 2, lines 51-53.

"Insurance and Financial Services" dated April 26, 1999 fails to the computer program with instruction to manage health insurance benefits, and to print check(s) for authorizing payment. It is however well known in the art of health care and insurance to employ computer data processing system with instructions to manage health insurance benefits including to issue (i.e. print) a check for authorizing payment of the medical claim, as evidenced by Kenna and Deavers. See Kenna, col. 9, lines 33-39, and Deadens, col.1, lines 35-46, col. 2, lines 40-65, col. 5, lines 60-62, col. 10, lines 10-12.

It would have been obvious to one having ordinary at the time of the to include a programmable computer data processing system with instructions and check for authorizing payment with the motivation of conforming to standard practice for managing insurance benefits and rendering medical payment. Kenna, col. 1, lines 20-23, and Deavers, col. 1, lines 40-50, col. 5, lines 58-63.

(B) As per claim 13, "Insurance and Financial Services" dated April 26, 1999 teaches a system for managing health insurance benefits comprising the instructions to:

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- a. record a choice (i.e., flexible amount and voluntary contribution), for example, \$400.00 dollars of the health insurance premium amount. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraphs 4,5.
- b. enter an amount of the premium, for example, \$400.00 dollars. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 5.
- c. allocate the premium between an individual owned investment account and reserve fund. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 5.
- d. post a medical claim caused by a medical event. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 6, page 2, paragraph 1.
- e. process the claim for payment for use of the reserve fund by medical multiple factor. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 4, lines 7-10, paragraph 6, page 2, paragraph 1.

"Insurance and Financial Services" dated April 26, 1999 fails to disclose the time waiting period. It is, however, within a level of an ordinary skill in the art to set restriction for claim processing. In addition, it is known to use time restriction (i.e., time waiting period) as a determination factor for the eligibility of claim payment, as evidenced by Kenna. Kenna teaches the various criteria for processing medical claims including a waiting period of one year prior to being eligible to use the funds for claim payment in a physical examination. Kenna col. 15, lines 24-27.

It would have been obvious to one having ordinary skill in the art at the time of the invention to include a time waiting period for authorizing claim

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payment with the motivations of conforming to standard practice and reducing aggregate cost of health care expenditures. Kenna, col. 2, lines 51-53.

Insurance and Financial Services" dated April 26, 1999 fails to the computer readable media with instructions in communication with computer processor program with instruction to manage health insurance benefits, and to print check(s) for authorizing payment. It is however well known in the art of health care and insurance to employ computer data processing system with data, memory and storage medium with software controlled operation (i.e., instructions) to manage health insurance benefits including to issue (i.e. print) a check for authorizing payment of the medical claim, as evidenced by Kenna and Deavers. See Kenna, col. 10, lines 4-19, col. 8, lines 22-33, and Deavers, col. 1, lines 35-46, col. 2, lines 40-65, col. 5, lines 60-62, col. 10, lines 10-12.

It would have been obvious to one having ordinary at the time of the to include a programmable computer data processing system with readable media/ software instructions, and check for authorizing payment with the motivation of conforming to standard practice for managing insurance benefits and rendering medical payment. Kenna, col. 1, lines 20-23, and Deavers, col. 1, lines 40-50, col. 5, lines 58-63.

(C) As per claim 16, As per claim 13, "Insurance and Financial Services" dated April 26, 1999 teaches a system for managing health insurance benefits comprising the instructions to:

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- a. record a choice (i.e., flexible amount and voluntary contribution), for example, \$400.00 dollars of the health insurance premium amount. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraphs 4,5.
- b. enter an amount of the premium, for example, \$400.00 dollars. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 5.
- c. allocate the premium between an individual owned investment account and reserve fund. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 5.
- d. post a medical claim caused by a medical event. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 6, page 2, paragraph 1.
- e. process the claim for payment for use of the reserve fund by medical multiple factor. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 4, lines 7-10, paragraph 6, page 2, paragraph 1.

"Insurance and Financial Services" dated April 26, 1999 fails to disclose the time waiting period. It is, however, within a level of an ordinary skill in the art to set restriction for claim processing. In addition, it is known to use time restriction (i.e., time waiting period) as a determination factor for the eligibility of claim payment, as evidenced by Kenna. Kenna teaches the various criteria for processing medical claims including a waiting period of one year prior to being eligible to use the funds for claim payment in a physical examination. Kenna col. 15, lines 24-27.

It would have been obvious to one having ordinary skill in the art at the time of the invention to include a time waiting period for authorizing claim

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payment with the motivations of conforming to standard practice and reducing aggregate cost of health care expenditures. Kenna, col. 2, lines 51-53.

"Insurance and Financial Services" dated April 26, 1999 fails to the computer readable signal with executed instructions in communication with computer processor for managing health insurance benefits, and to print check(s) for authorizing payment. It is however well known in the art of health care and insurance to employ computer data processing system with input/output communication for communicating data and information in the form of electrical signal(s) between system's components such as CPU, memory, and input/output devices and external system with software instructions to manage health insurance benefits including to issue (i.e. print) a check for authorizing payment of the medical claim, as evidenced by Kenna and Deavers. See Kenna, col 8, lines 31-34, col. 10, lines 4-19, and Deavers, col.1, lines 35-46, col. 2, lines 40-65, col. 5, lines 60-62, col. 10, lines 10-12.

It would have been obvious to one having ordinary at the time of the to include a programmable computer data processing system with signal/ software instructions, and check for authorizing payment with the motivation of conforming to standard practice for managing insurance benefits and rendering medical payment. Kenna, col. 1, lines 20-23, and Deavers, col. 1, lines 40-50, col. 5, lines 58-63.

11. Claims 5-6 are rejected under 35 U.S.C. 103(a) as being unpatentable over "Insurance and Financial Services" dated April 26, 1999 in view of and Van Remortel et al. (5136502).

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(A) As per claim 5, "Insurance and Financial Services" dated April 26, 1999 teaches:

- a the estimating of total assets (i.e., contributions, mandatory premium, revenues from investments of both reserve funds and a pool of investment accounts) and total income of two sources, the reserve fund and the pooled accounts. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraphs 4,5, paragraph 6, lines 1-2, page 2, paragraphs 1-4.
- b estimating of liability (i.e., medical bill and expenses, fee). "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 4, lines 9-10, paragraph 6, page 2, paragraph 3, line 5.
- c determining the amounts that can be withdrawn from two sources (i.e. general company reserve fund and the pooled individual accounts). "Insurance and Financial Services" dated April 26, 1999, page 2, paragraph 1.
- d determining a number to be used as a medical multiple factor, which when multiplied with an estimated average balance of the individual account, equal the total amount that can be withdrawn from the funds. "Insurance and Financial Services" dated April 26, 1999, page 1, paragraph 4, lines 8-10, paragraph 6, page 2, paragraphs 2-3.

"Insurance and Financial Services" dated April 26, 1999 teaches the estimate of revenues and expenses to be for a particular year on page 1, paragraph 4, but fails to expressly recite the operations associated with the future year, and the maintenance of account balance to pay for future expenses. However, it is well known to perform housekeeping functions to maintain an

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account balance and to forecast liability and premium for properly managing future needs and funds as evidenced by Van Remortel et al. See Van Remortel et al, Fig. 2, 3, col. 1, lines 5-10, col. 2, line 67 to col. 3, line 3, col. 9, lines 24-50. It would have been obvious to one having ordinary skill in the art at the time of the invention to include the housekeeping functions and the forecasting operation in associate with the "future year" with the motivation of effectively managing the liability and asset. Van Remortel, col. 2, line 67 to col. 3, line 3.

(B) As per claim 6, "Insurance and Financial Services" dated April 26, 1999 teaches the steps for obtaining performance for premium, liability, investment income, for estimating and for predetermining the medical multiple factor on page 1, paragraph 4, lines 9-10, paragraph 6, page 2, paragraphs 2-3. "Insurance and Financial Services" dated April 26, 1999, but fails to expressly recite the forecasting of future liability and maintaining of funds. This, however, it is well known as evidenced by Van Remortel et al. See Van Remortel et al, Fig. 2, 3, col. 1, lines 5-10, col. 2, line 67 to col. 3, line 3, col. 9, lines 24-50, Figs 2 and 3. It would have been obvious to one having ordinary skill in the art at the time of the invention to include the housekeeping functions and the forecasting operation in associate with the "future year" with the motivation of effectively managing the liability and asset. Van Remortel, col. 2, line 67 to col. 3, line 3.

12. Claim 7 is are rejected under 35 U.S.C. 103(a) as being unpatentable over "Insurance and Financial Services" dated April 26, 1999 in view of and Van Remortel et al. (5136502) as applied to claim 6 above and further in view of Keena et al (61098641).

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(C) As per claim 7, "Insurance and Financial Services" dated April 26, 1999 teaches the estimating of revenues (i.e. premiums and investment income) and expenses (i.e. claims, fee, cost) as discussed in the above rejections of claims 5 and 6. "Insurance and Financial Services", however, fails to expressly recite the data comprising census, payment, and claim history, waiting status, and the determination of the values (i.e. premiums, expenses, investment) in the future years based on the previous year, and the updating of account variables. This, however, are well known as evidenced by Van Remortel et al. See Van Remortel et al, Fig. 2, 3, col. 1, lines 5-10, col. 2, line 67 to col. 3, line 3, col. 6, lines 44-68, col. 7, lines 15-18, lines 30-50, col. 8, Table I, lines 35-43, col. 9, lines 24-50. It would have been obvious to one having ordinary skill in the art at the time of the invention to include the input data (i.e. census, claim payment history), housekeeping (i.e. maintaining, updating etc..) in associate with the "future year" with the motivation of effectively managing the liability and asset. Van Remortel, col. 2, line 67 to col. 3, line 3.

"Insurance and Financial Services" dated April 26, 1999 fails to recite a time waiting status. This, however, is well known in the art as evidenced by Keena. Kenna col. 15, lines 24-27. The input of the time waiting status is inherently obvious from the disclosure of time restriction.

It would have been obvious to one having ordinary skill in the art at the time of the invention to include time waiting period for authorizing the claim's payment with the motivations of conforming to standard practice and reducing aggregate cost of health care expenditures. Kenna, col. 2, lines 51-53.

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13. Claims 11-12,14-15,17-18 are rejected under 35 U.S.C. 103(a) as being unpatentable over "Insurance and Financial Services" dated April 26, 1999 in view of Kenna (610641) and Deavers (6044352) as applied to claims 10, 13 and 16 above and further in view of Van Remortel et al. (5136502).

(A) As per claims 11,12,14, 15, 17, the claims repeat the limitations of claims 5, 6, and are rejected for the reasons given above in the rejection of independent claims 10, 13, 16 in view of the rejections applied to claims 5,6.

(B) As per claim 18, the claim repeats the limitations in claim 7 and is rejected for the same reasons given above in the rejection of claim 7.

Conclusion

14. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. "System for evaluating risk" (4975840); "Nested Financial Account" (6108641), " Computerized Indenture Plan" (6205434), " Survivor Benefit Plans" (2003/0018498), "Health Plan System" (2002/0087444),"Asset Accumulation and Risk Management" (2002/0198801);"Credit Line Insurance Policy" (5907818);"Financial Projection Of a Prefunding Program" (5802500)," System For Comparing Cost of Self Insurance" (6009402), "Keeping Tabs on NY Insurers Funded by Those It Regulates, Agency Mandate Is To Meet Both Consumer And Industry Concerns. Learning The Lingo", Bart Fraust, Business, Newsday, Long Island, N.Y. Jan. 4, 1988, pg 01, Proquest document ID 103257275.

15. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Kim T. Bui whose telephone number 571-

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272-6768. The examiner can normally be reached on Monday-Friday from 8:30A.M. to 5:00P.M..

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 7571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.


Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

UB

KTB

6/25/05

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JOSEPH THOMAS


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